New and Modified Services: Mental Illness/Emotional Disturbance

A Presentation to the

Joint Legislative Oversight Committee on MH/DD/SAS

February 16, 2006

Topics to be Covered

- What are the new and modified services?
  - Those approved by CMS as requested
  - Those approved by CMS with modifications
  - Those not approved by CMS
- How will the new services be delivered?
- Who will receive them?
  - State & Federal Funding available for new services
  - Target Populations

New/Modified Service – Any Age or Disability

- New, Approved as Requested
  - Diagnostic Assessment
  - Mobile Crisis

New/Modified Services for Children

- New, Approved as Requested:
  - Community Support
  - Intensive In-Home
  - Multi-Systemic Therapy
- Modified, Approved as Requested:
  - Child & Adolescent Day Treatment
  - Partial Hospitalization
- Modified, Not Approved:
  - Services in a Facility-Based Crisis Unit

New/Modified Services for Adults

- New, Approved as Requested:
  - Community Support
  - Community Support Team
- Modified, Approved as Requested:
  - Assertive Community Treatment Team (ACTT)
  - Psychosocial Rehabilitation
  - Partial Hospitalization
- Modified, Approved with Additional Modifications:
  - Services in a Facility Based Crisis Unit

Diagnostic Assessment – Any Age or Disability

- A clinical face-to-face evaluation of a consumer's condition that establishes a need for services. Includes physical, behavioral health, and social history. Results in diagnosis and recommendations for treatment.
  - Team service that includes assessments by:
    - a MD, PA, FNP, or Licensed Psychologist, **and**
    - one other licensed practitioner.
  - One DA/consumer/year without additional authorization

Mobile Crisis – Any Age or Disability

- Provides immediate evaluation, triage, services and support to effect symptom reduction, harm reduction and/or safely transition persons in acute crisis to appropriate environment for stabilization
- Team service including
  - RN, LCSW, or licensed psychologist
  - Access to Psychiatrist
  - SA and DD professionals
  - Paraprofessionals working under supervision of professional
- Maximum length of service = 24 hours/episode

Community Support – MH/SA, Adult & Child, with Age Differences

- Expected to be the most common service. Serves as the consumer's "clinical home." Responsible for development and implementation of person centered plan, coordination of any other services, serves as "first responder in event of emergency.
- Includes individual and group counseling and skill building interventions including: relational skills, symptom monitoring, therapeutic mentoring, behavior and anger management, etc.
- Qualified professionals and paraprofessionals with experience with the population served and specific training on the service definition.
- Serves as the "platform" for deliver of evidence based practices such as illness management, family psychoeducation, integrated dual diagnosis treatment, etc.
- Difference between child & adult service is maximum caseload per professional staff

Intensive In-Home – MH/SA Child

- More intensive service than Community Support – also serves as clinical home and first responder to consumers served. Activities and goals similar but delivered by team working with smaller caseloads of consumers with more acute symptoms/circumstances.
- Team led by licensed professional with two other staff who are at least Associate Professionals
- Minimum of 2 hours of service in a day for service to be billable

Multi-Systemic Therapy – MH/SA Child

- Evidence-based best practice service. NC is first State to receive CMS approval
- Designed for older children/adolescents with antisocial and/or aggressive/violent behaviors, juvenile justice involvement, significant dual SA diagnosis.
- Team consists of Master's level QP and 3 other QPs. Team must be trained and supervised by specially-trained and monitored MST staff
- Very intensive, time limited service designed to stabilize condition and allow for step-down to less intensive service

Day Treatment - MH/SA Child

- Structured day/night service delivered from a licensed setting. Designed to support symptom reduction or sustain symptom stability.
- Individual and group skill-building focused on include being able to function in a mainstream educational setting, maintain residence with family, exhibit appropriate role functioning.
- Service must be available at least 3 hours/day at least 2 days/week.
- Service under the direction of a QP. Other staff include all levels with a ratio of 1:6 for QP staff

Partial Hospitalization- MH Child & Adult

- Very structured day/night program directed by a physician from a licensed setting.
- Designed to prevent inpatient hospitalization or to serve as step-down from inpatient stay. Involves group and individual treatment, skill building
- Must be provided at least 4 hours/day, 5 days/week.
- For children – only permitted for specialized types of programs, such as to address eating disorders

Community Support Team – MH/SA Adults

- More intensive service than Community Support – also serves as clinical home and first responder to consumers served. Activities and goals similar but delivered by a 3-person team working with smaller caseloads of consumers with more acute symptoms/circumstances.
- Team led by QP with two other staff
- One staff may be certified Peer Support Specialist
- Consumer: staff ratio = 15:1
- Can be structured to look like “ACTT lite” in areas where numbers are insufficient to make ACTT financially viable.

Assertive Community Treatment Team – MH/SA Adult

- Evidence-based best practice service, multi-disciplinary team including a Master's level QP team leader, psychiatrist, RN, Certified Peer Support Specialist, other staff
- Staff: consumer ratio = 1:10
- ACTT designed to meet all treatment needs of consumers it serves. Team members make various contacts with consumers each day. 80% of service delivered face-to-face.
- Staff must receive special, DMH/DD/SAS approved training

Psychosocial Rehabilitation – MH Adults

- Designed to increase functioning and promote independent living. Is a recovery-oriented service that includes skill-building in areas such as personal care (grooming, medication self-management), prevocational skills (positive work habits, appropriate interpersonal interactions in the workplace), independent living (housekeeping, money management, transportation).
- Delivered from licensed setting directed by a Qualified Professional
- Must be available at least 5 hours/day, 5 days/week

Facility Based Crisis – MH/SA Adult

- Intensive residential service, limited to 16 beds or less, supervised by a physician, designed as an alternative to inpatient hospitalization.
- Staff: consumer ratio = 1:6 for MH, 1:9 for SA
- Length of stay limited to 15 days
- CMS modifications – would not approve for children; limited adults to 30 days in any 12 months

How will Services be Delivered?

- All new services are agency-based services.
- Agencies will directly enroll with DMA for services to Medicaid-covered individuals.
- Agency staff will receive service-specific training.
- Agency will be required to achieve national accreditation within 3 years of enrollment in Medicaid

Service Delivery

- Each service specifies entrance, continued stay and discharge criteria
- All new services require development of a Person Centered Plan
  - Different from old Treatment Plan – focuses on strengths, goals of individual, includes natural and community supports, crisis plan, paid services
- All subject to periodic utilization review to assess effectiveness of service

Service Delivery Location

- Mobile Crisis, Community Support, Intensive In-Home, MST, ACTT, Community Support Team – all designed to go to the consumer, delivered in home, work, school, other community settings. NOT clinic-based services which consumer attends.
- Day Tx, PSR, PH, Facility-Based Crisis – require licensed facility that consumer attends.
- DA – office-based service

Who will Receive the New Services?

- Medicaid-eligible consumers based upon established medical necessity criteria
- Non-Medicaid eligible Target Population consumers
  - Adult MH – Severe & Persistently Mentally Ill, Serious Mental Illness, individuals with 2 or more psychiatric inpatient hospitalizations (or 1 in a state facility) or 2 or more arrests, homeless, deaf or significant hearing loss
  - Child MH – seriously emotionally disturbed, at-risk of out-of-home placement, juvenile justice or DSS involvement, homeless, deaf or significant hearing loss.

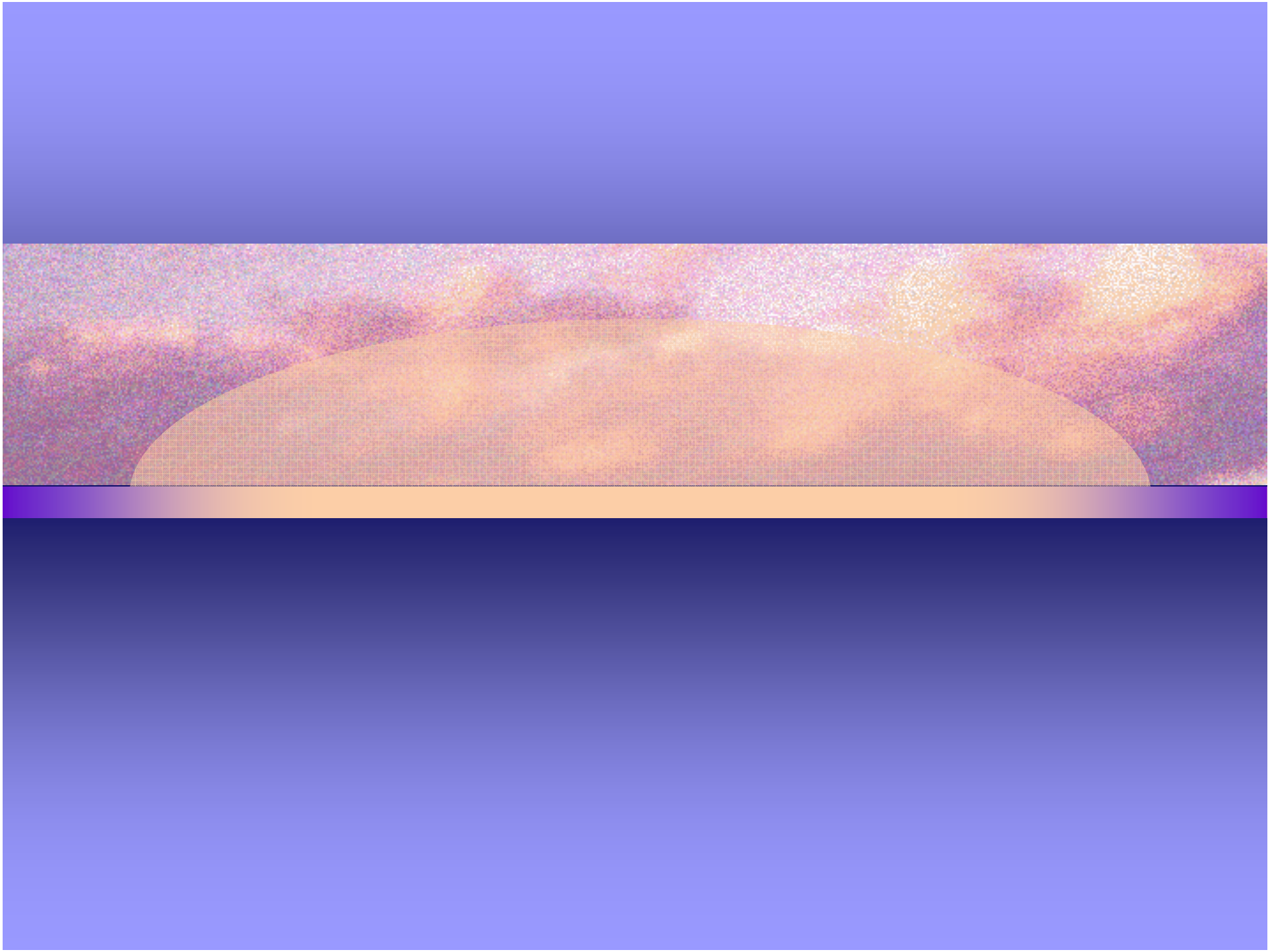
State Child MH Funds

- Total Appropriated for Child MH Services: $53.7 M
- Reserved in non-UCR accounts for specific purposes: $ 3.7 M
- Total available for new/existing services = $ 50 M
- Total available includes $150,000 earmarked for homeless services
- In SFY 2005, $16.5M in available funding spent on residential services

State Adult MH Funds

- Total Appropriated for Adult MH Services: $59.9 M
- Total reserved in non-UCR for specific purposes: $ 9.7 M
- Total budgeted specifically for services in Adult Care homes - $1.8M
- Total available for new/existing services = $ 48.4 M
- Total available includes $793,000 earmarked for homeless services

- Total non-age specific MH funds appropriated: $12.9 M
- Total reserved for specific purposes: $12.9 M



Division Updates

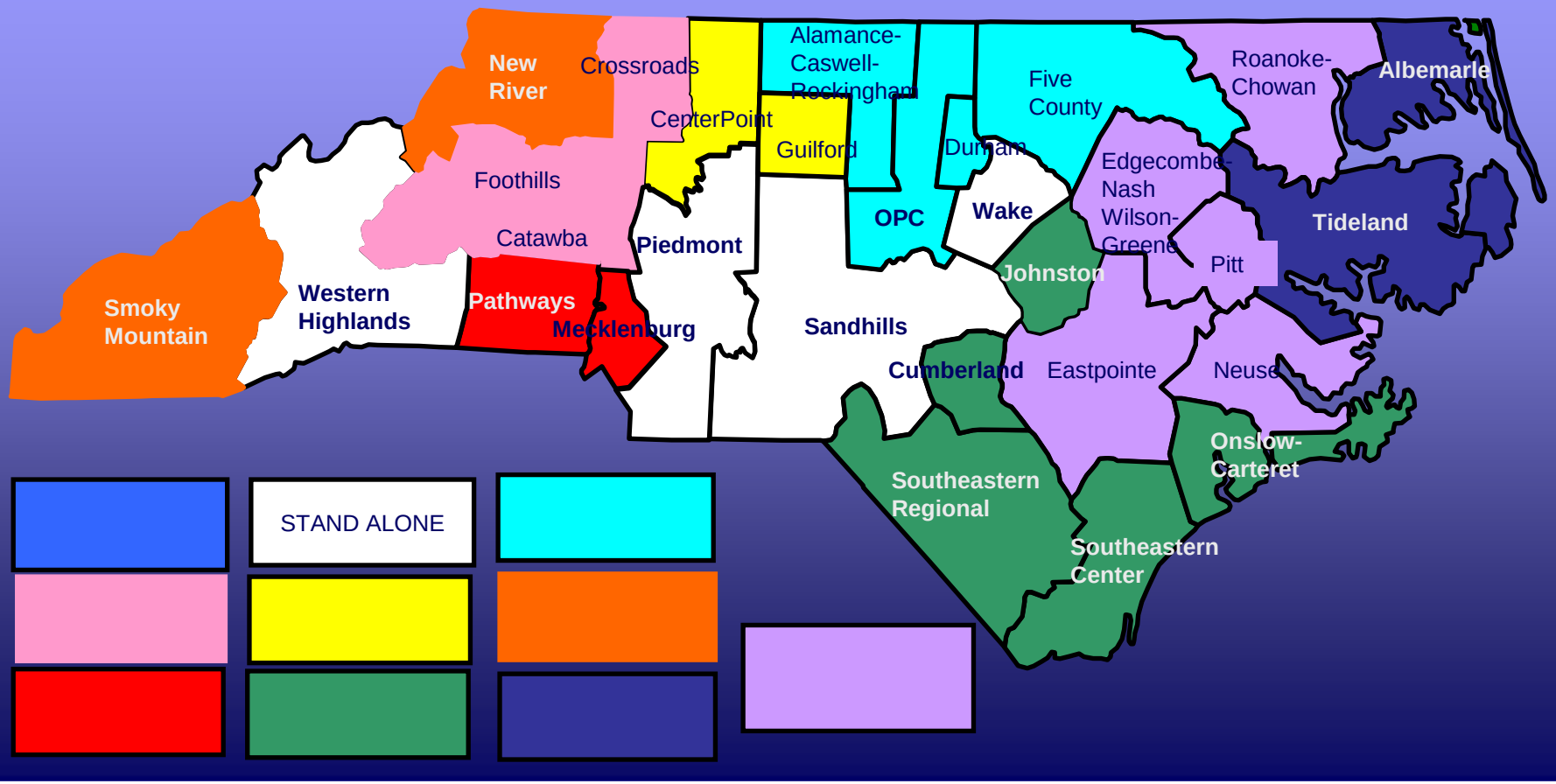
Regional UR/STR

Status of Studies

UR/STR

- No final decisions have been made at this time
- LMEs submitted their agreed upon alliances in December 2005
- 18 LMEs submitted applications to perform UR/STR for their program or alliance
- All applications had deficiencies
- All 18 applicants will be given the opportunity to submit additional information by March 6, 2006 to further demonstrate their ability to perform UR for Medicaid services
- To ensure compliance with Medicaid statewideness requirements, LMEs' staffing, processes, procedures, etc. have to be comparable to those of ValueOptions
- DMA and DMHDDSAS will jointly evaluate the applications and make final recommendations to Secretary Carmen Hooker Odom.
- We expect final decisions to be made by March 15, 2006.

Proposed Local Management Entity (LME) Affiliations as of December 15, 2005



Studies

- RFPs have been issued to select contractors to assist in completing both the Long Range Plan and Funding Allocation studies.
- Proposals have been received from vendors on the Long Range Plan RFP and a vendor has been preliminarily selected.
- DMHDDSAS meeting with proposed vendor next week to finalize procurement.
- Funding RFP under review by Purchase and Contract